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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CRT/11842
First Named Inventor	Ronni S. Sterns
COMPLETE IF KNOWN	
Application Number	09 / 663,329
Filing Date	September 18, 2000
Group Art Unit	3713
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Phonetic Transliteration Card Display

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: Customer Number
or Bar Code Label 007609 OR Correspondence address below

Name Rankin, Hill, Porter & Clark LLP

Address 925 Euclid Avenue, Suite 700

Address

City	Cleveland	State	Ohio	ZIP	44115-1405
Country	U.S.A.	Telephone	(216) 566-9700		
			Fax	(216) 566-9711	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Kent W.	Family Name or Surname	Murphy
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Inventor's Signature		Date	11/16/01
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Residence: City	Wooster	State	Ohio	Country	USA	Citizenship	USA
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Mailing Address 238 W. University Street

Mailing Address

City	Wooster	State	Ohio	ZIP	44691	Country	USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
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Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

Mailing Address

City	State	ZIP	Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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First Named Inventor		Ronni S. Sterns
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Application Number	09 / 663,329	
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Phonetic Transliteration Card Display

(Title of the Invention)

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OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name Rankin, Hill, Porter & Clark LLP

Address 925 Euclid Avenue, Suite 700

Address

City	Cleveland	State	Ohio	ZIP	44115-1405
Country	U.S.A.	Telephone	(216) 566-9700		
		Fax	(216) 566-9711		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Ronni S.	Family Name or Surname	Sterns
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Inventor's Signature	Ronni S. Sterns	Date	2/9/01
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Residence: City	Akron	State	Ohio	Country	USA	Citizenship	USA
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Mailing Address 680 North Portage Path

Mailing Address

City	Akron	State	Ohio	ZIP	44303	Country	USA
------	-------	-------	------	-----	-------	---------	-----

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Harvey L.	Family Name or Surname	Sterns
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Inventor's Signature	Harvey L. Sterns	Date	2/11/01
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Residence: City	Akron	State	Ohio	Country	USA	Citizenship	USA
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Mailing Address 680 North Portage Path

Mailing Address

City	Akron	State	Ohio	ZIP	44303	Country	USA
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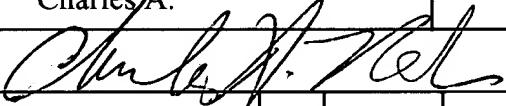
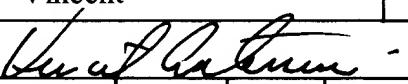
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Anthony				Sterns			
Inventor's Signature							Date
Residence: City	Akron	State	Ohio	Country	USA	Citizenship	USA
Post Office Address	52 Hurlburt Avenue						
Post Office Address							
City	Akron	State	Ohio	ZIP	44303	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Charles A.				Nelson			
Inventor's Signature							Date
Residence: City	Akron	State	Ohio	Country	USA	Citizenship	USA
Post Office Address	227 North Revere Road						
Post Office Address							
City	Akron	State	Ohio	ZIP	44333	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Vincent				Antenucci			
Inventor's Signature							Date
Residence: City	Wadsworth	State	Ohio	Country	USA	Citizenship	USA
Post Office Address	126 Fairview Avenue						
Post Office Address							
City	Wadsworth	State	Ohio	ZIP	44281	Country	USA

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#4
DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: Customer Number
or Bar Code Label OR Correspondence address belowName Address

Address

City <input type="text" value="Cleveland"/>	State <input type="text" value="Ohio"/>	ZIP <input type="text" value="44115-1405"/>
Country <input type="text" value="U.S.A."/>	Telephone <input type="text" value="(216) 566-9700"/>	Fax <input type="text" value="(216) 566-9711"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <input type="text" value="Cameron J."/>	Family Name or Surname <input type="text" value="Camp III"/>
---	---

Inventor's Signature 	Date <input type="text" value="2/5/01"/>
---	--

Residence: City <input type="text" value="Solon"/>	State <input type="text" value="Ohio"/>	Country <input type="text" value="USA"/>	Citizenship <input type="text" value="USA"/>
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Mailing Address

Mailing Address

City <input type="text" value="Solon"/>	State <input type="text" value="Ohio"/>	ZIP <input type="text" value="44139"/>	Country <input type="text" value="USA"/>
---	---	--	--

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <input type="text"/>	Family Name or Surname <input type="text"/>
--	--

Inventor's Signature 	Date <input type="text"/>
--	---------------------------

Residence: City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Citizenship <input type="text"/>
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Mailing Address

Mailing Address

City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	Country <input type="text"/>
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